YNHHS Treatment Protocol for *Hospitalized* PATIENT with *Non–Severe* COVID-19

**Disclaimer:** There are no FDA-approved treatments for COVID-19, supportive care is standard of care. Limited treatment data are available & clinical judgment is warranted.

**PATIENT with confirmed POSITIVE SARS-CoV-2 by PCR**  
*(If mechanically ventilated or on ECMO, proceed to Severe algorithm)*

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**Presence of:**  
Oxygen saturation ≤ 93% on room air OR on chronic O₂ supplementation

- **YES**
- **NO**

**START TREATMENT** (see treatment below)

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**SUPPORTIVE CARE & CLOSE OBSERVATION with continuous O₂ monitoring**

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**TREATMENT**

1) atazanavir\(^1,2\) AND hydroxychloroquine\(^1,2\)

Continuous O₂ saturation monitoring

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2) Consult Inpatient Infectious Diseases (ID)  
For YNHH: From 8AM - 5PM:  
Place EPIC Order for ID Consult  
From 5PM to 8AM: call on-call ID fellow

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3) If > 3 Liter O₂ requirement, consider starting tocilizumab\(^1,2\), inform MICU, ID consult for remdesivir EIND, and proceed to the Severe algorithm

**COVID-SPECIFIC LABS**

1) Draw at Baseline & every 12 hours:  
CRP, Procalcitonin, Ferritin, LDH, troponin, D-dimer, fibrinogen, PT/PTT

2) Draw at Baseline Only:  
HIV-1/HIV-2 antibody/antigen

2) Draw at Baseline & every 48 hours:  
Cytokine panel

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\(^1\)Requires restricted medication request to pharmacy  
\(^2\)Limited data
**YNHHS Treatment Protocol for Hospitalized Patients with Severe COVID-19**

**Disclaimer:** There are no FDA-approved treatments for COVID-19, supportive care is standard of care. Limited treatment data are available & clinical judgment is warranted.

**Respiratory failure with Mechanical ventilation (including ECMO) PLUS confirmed POSITIVE SARS-CoV-2 by PCR**

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**TREATMENT**

1) atazanavir\(^1,2\) & hydroxychloroquine\(^1,2\)

2) Consider **tocilizumab x 1 dose**

(Additional doses determined by clinical response given the drug’s long half-life in consultation with ID, pharmacy, & critical care)

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**Consult Inpatient Infectious Diseases to determine eligibility for remdesivir**

Infectious Diseases will help to coordinate with Antimicrobial Stewardship/Pharmacy to facilitate emergency IND for remdesivir

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**COVID-SPECIFIC LABS**

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   - CRP, Procalcitonin, Ferritin, LDH, troponin, D-dimer, fibrinogen, PT/PTT
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   - HIV-1/HIV-2 antibody/antigen
2) **Draw at Baseline & every 48 hours:**
   - Cytokine panel

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Does patient have any **Exclusion Criteria for remdesivir IND?**

- Evidence of Multi-organ failure
- Pressor requirement to maintain blood pressure
- ALT levels > 5x the ULN
- Cr Clearance <30 mL/min or renal replacement therapy

Use of other treatment agents for COVID19 is allowed if discontinued prior to starting Remdesivir

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For refractory disease, advise a multidisciplinary discussion including pharmacy, ID, & primary team for other possible therapies including investigational agents

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\(^1\)Requires restricted medication request to pharmacy

\(^2\)Limited data

Algorithm Updated as of 3/19/20 reviewed by YNHHS SAS and YNHH/YSM Ad-Hoc COVID-19 Treatment Team